



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

September 6, 2016
Certified Mail/Return
7012 3460 0003 1112 7550

Mendocino National Forest – Letts Lake
825 North Humboldt Avenue
Willows, CA 95988

Attention: Randy Jero, Recreation Work Lead

**RE: Mendocino National Forest – Letts Lake, Public Water System No. 0600056 –
Citation No. 21-16C-023 for Exceedance of the Bacteriological Maximum
Contaminant Level in August of 2016.**

Enclosed is a citation issued to Mendocino National Forest – Letts Lake (Water System). The citation is being issued because the Water System failed to achieve the drinking water standard for total coliform bacteria during August of 2016. Please read this citation carefully and complete all directives. Public notification is required to inform consumers that the standard was not achieved during this time period.

Because your water system had two or more total coliform-positive samples in a month, the Federal Revised Total Coliform Rule requires your water system to conduct a Level 1 Assessment. We are advising you to comply with the new rule and conduct the assessment as specified in the directives of this citation.

Note that Section 116577 of the California Safe Drinking Water Act provides for the Division to be reimbursed by the Water System for costs incurred for preparing and issuing a citation. In accordance with Section 116577, the Water System will be billed for the preparation and issuance of this citation.

If you have any questions regarding this matter, please call Paul Rowe at (530) 224-4866 or me at (530) 224-4861.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Crenshaw".

Reese B. Crenshaw, P.E.
Valley District Engineer
Drinking Water Field Operations Branch

Enclosure

FELICIA MARCUS, CHAIR | THOMAS HOWARD, EXECUTIVE DIRECTOR

364 Knollcrest Drive, Suite 101, Redding, CA 96002 | www.waterboards.ca.gov

1 **Citation No. 21-16C-023**

2
3 **STATE OF CALIFORNIA**
4 **WATER RESOURCES CONTROL BOARD**
5 **DIVISION OF DRINKING WATER**
6

7 **Public Water System:** Mendocino National Forest - Letts Lake

8 **Water System No.:** 0600056

9
10 **To:** Mendocino National Forest - Letts Lake
11 Attn: Randy Jero, Recreation Work Lead
12 825 North Humboldt Avenue
13 Willows, CA 95988
14

15 **Issued:** September 6, 2016
16 VIA CERTIFIED MAIL
17 7012 3460 0003 1112 7550
18
19

20 **CITATION FOR NONCOMPLIANCE**
21 **With Title 22 California Code of Regulations**
22 **Section 64426.1(b)**
23

24 Section 116650 of the California Health and Safety Code (CHSC) authorizes the
25 issuance of a citation for failure to comply with a requirement of the California Safe
26 Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4, commencing with
27 Section 116270), or any regulation, standard, permit, or order issued thereunder.

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director
3 for the Division, hereby issues a citation to Mendocino National Forest - Letts Lake
4 for failure to comply with Section 64426.1(b), Title 22, of the California Code of
5 Regulations (CCR).

6
7 **APPLICABLE AUTHORITIES**

8 Section 116650 of the CHSC states:

9
10 *(a) If the Department determines that a public water system is in*
11 *violation of this chapter or any regulation, permit, standard, citation,*
12 *or order issued or adopted thereunder, the department may issue a*
13 *citation to the public water system. The citation shall be served*
14 *upon the public water system personally or by certified mail. Service*
15 *shall be deemed effective as of the date of personal service or the*
16 *date of receipt of the certified mail. If a person to whom a citation is*
17 *directed refuses to accept delivery of the certified mail, the date of*
18 *service shall be deemed to be the date of mailing.*

19
20 *(b) Each citation shall be in writing and shall describe the nature of the*
21 *violation or violations, including a reference to the statutory*
22 *provision, standard, order, citation, permit, or regulation alleged to*
23 *have been violated.*

24
25 *(c) A citation may specify a date for elimination or correction of the*
26 *condition constituting the violation.*
27

1 (d) A citation may include the assessment of a penalty as specified in
2 subdivision (e).

3
4 (e) The department may assess a penalty in an amount not to exceed
5 one thousand dollars (\$1,000) per day for each day that a violation
6 occurred, and for each day that a violation continues to occur. A
7 separate penalty may be assessed for each violation.

8
9 Section 64426.1 (b), Title 22, of the CCR states:

10
11 (b) A public water system is in violation of the total coliform
12 maximum contaminant level (MCL) when any of the following
13 occurs:

14
15 (1) For a public water system which collects at least 40
16 samples per month, more than 5.0 percent of the
17 samples collected during any month are total coliform-
18 positive; or

19
20 (2) For a public water system which collects fewer than
21 40 samples per month, more than one sample
22 collected during any month is total coliform-positive; or

23
24 (3) Any repeat sample is fecal coliform-positive or *E. coli*-
25 positive; or
26

(4) Any repeat sample following a fecal coliform-positive or *E. coli*-positive routine sample is total coliform-positive.

STATEMENT OF FACTS

The Mendocino National Forest - Letts Lake, domestic water system (Water System) is classified as a transient noncommunity water system serving approximately 100 persons per day. In accordance with Section 64423 of Title 22, the Water System is required to collect one routine bacteriological sample per month, unless there was a positive bacteriological sample the previous month, in which case, five routine bacteriological samples are required. On August 18, 2016, the Water System collected one routine sample from the distribution system, which contained total coliform bacteria. Four repeat samples were collected on August 23, 2016. All four repeat samples showed the presence of total coliform bacteria. The cause of the contamination was unknown. No sample discussed herein was positive for *E. coli*.

DETERMINATIONS

The Division has determined that the Water System violated Section 64426.1(b)(2), Title 22, of the CCR, in that the Water System exceeded the total coliform MCL during the month of August 2016.

DIRECTIVES

The Water System is hereby directed to take the following actions:

1. Comply with Section 64426.1, Title 22, of the CCR in all future monitoring periods.

1 2. **Within 30 days** of the issuance of this Citation, provide public notification in
2 accordance with **Attachment 'A'**, to all persons served by the Water System
3 of the MCL violation as required by Section 64463.4 and Section 64465, Title
4 22, of the CCR. Notification shall be completed in accordance with the
5 following:

6
7 (A) Provide the notice by posting in conspicuous locations throughout the
8 area served by the water system.

9
10 3. Changes and/or modifications to Attachment A shall be not be made unless
11 approved by the Division.

12
13 4. Complete and return **Attachment 'B'** "Certification of Completion of Public
14 Notification" form **within 10 days** of giving public notice. A copy of the notice
15 used to provide public notification shall be attached to the form.

16
17 5. **Within 30 days** of the issuance of this Citation, pursuant to the Federal
18 Revised Total Coliform Rule, conduct a level 1 assessment of the Water
19 System (use attached form) and return to the address identified below by
20 **October 6, 2016.**

21
22 6. Collect and report five (5) routine bacteriological samples in the distribution
23 system in the month of **September 2016.**

24
25 The completed and signed copy of Attachment 'B' shall be submitted to the following
26 address:

1 Reese B. Crenshaw, P. E.
2 Valley District Engineer
3 Drinking Water Field Operations
4 Division of Drinking Water
5 State Water Resources Control Board
6 364 Knollcrest Drive, Suite 101
7 Redding, CA 96002
8 (530) 224-4800
9

10 Nothing in this Citation relieves the Water System of its obligation to meet the
11 requirements of Health and Safety Code, Division 104, Part 12, Chapter 4 (California
12 Safe Drinking Water Act), or any regulation, permit, standard or order issued or
13 adopted thereunder.
14

15 The Division reserves the right to make such modifications to this Citation, as it may
16 deem necessary to protect public health and safety. Such modifications may be
17 issued as amendments to this Citation and shall be effective upon issuance.
18

19 **FURTHER ENFORCEMENT ACTION**

20 The California SDWA authorizes the State Board to: issue citation with assessment
21 of administrative penalties to a public water system for violation or continued
22 violation of the requirements of the California SDWA or any permit, regulation,
23 permit or order issued or adopted thereunder including, but not limited to, failure to
24 correct a violation identified in a citation or compliance order. The California SDWA
25 also authorizes the State Board to take action to suspend or revoke a permit that
26 has been issued to a public water system if the system has violated applicable law
27 or regulations or has failed to comply with an order of the State Board; and to
28 petition the superior court to take various enforcement measures against a public
29 water system that has failed to comply with violates an order of the State Board. The

1 State Board does not waive any further enforcement action by issuance of this
2 citation.

3
4 **PARTIES BOUND**

5 This Citation shall apply to and be binding upon the Water System, its officers,
6 directors, agents, employees, contractors, successors, and assignees.

7
8 **SEVERABILITY**

9 The directives of this Citation are severable, and the Water System shall comply with
10 each and every provision thereof notwithstanding the effectiveness of any other
11 provision.

12
13
14 

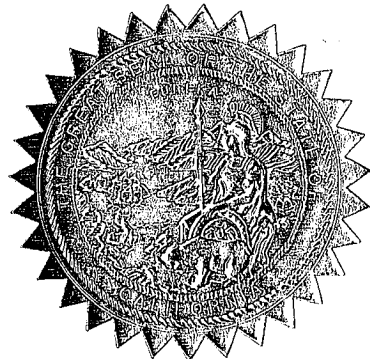
15
16 Reese B. Crenshaw, P.E., District Engineer
17 Valley District
18 Drinking Water Field Operations Branch

9/6/16

Date

19
20 **Attachments:**

21 'A' Public Notification Template
22 'B' Certification of Completion
23 Level 1 Assessment Form
24



IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.
Tradúzcalo o hable con alguien que lo entienda bien.

The Mendocino National Forest - Letts Lake water system did not meet Bacteriological Drinking Water Standards in August of 2016

Our water system violated the bacteriological drinking water standard for August of 2016. As our customers, you have a right to know what you should do, what happened, and what we are doing to correct this situation.

We routinely monitor for the presence of drinking water contaminants. We took five (5) samples to test for the presence of coliform bacteria during August of 2016. All five samples showed the presence of total coliform. The standard is that no more than one (1) sample per month may have total coliform.

What should I do?

- **You do not need to boil your water or take other corrective actions.** This is not an emergency; if it had been, you would have been notified immediately.
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we test for total coliform bacteria in any sample, we also test to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find E. Coli bacteria in our testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What is being done?

In August of 2016, Five out of five water samples tested positive for total coliform organisms. We will be disinfecting the water system during the week of September 5, 2016 and will recollect water samples for analysis on _____, 2016.

For more information, please contact Randy Jero @ 530-934-1269

State Water System ID#: 0600056

CERTIFICATION OF COMPLETION OF PUBLIC NOTIFICATION

This form, when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by the California Water Quality and Monitoring Regulations. Completing public notification and providing the Division with certification is important. Failure to do so will result in additional hourly time charges to your water utility and may result in a formal enforcement action with monetary penalties.

Public Water System Name Mendocino National Forest

Public Water System No. 0600056

Public notification for the August 2016 bacteriological failure was performed by the following method:

_____ Posting in conspicuous locations throughout the area served by the water system.
Please indicate the locations and date(s) the notice was posted:

I hereby certify that the above information is factual.

Printed Name

Signature

Date _____

STATE OF CALIFORNIA
WATER RESOURCES CONTROL BOARD
DIVISION OF DRINKING WATER



RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

See the RTCR Level 1 Assessment Guidance and Tips document for additional information.

This assessment is intended to review general water system infrastructure, system operation and sampling protocols for potential sources of contamination. This form should be completed by a knowledgeable representative of the water system. **To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.**

SYSTEM NAME: Click here to enter text.	Trigger Date: Click here to enter a date.
SYSTEM #: Click here to enter text.	Investigation Date: Click here to enter a date.

#	Issues	Yes/No	N/A	Potentially	If Yes or Potentially, Identify
1	Unusual occurrences with the water system since the last negative routine bacteriological sample:				
	Loss of pressure <5 psi	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Heavy precipitation and/or flooding	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Customer complaints of water quality or pressure	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Evidence of unauthorized access/vandalism	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Interruption in disinfection treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Changes to water system since last negative routine bacteriological sample:				
	Piping modified or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	System components replaced or repaired	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Changes in operational procedures or personnel	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
3	Groundwater source contamination:		<input type="checkbox"/>		Proceed to section 4 if groundwater is not used.
	Repeat bacteriological sample(s) from raw source water is positive for total coliform	Y <input type="checkbox"/> N <input type="checkbox"/>			
	Wells:		<input type="checkbox"/>		
	Cracks or holes in the well casing above grade	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well top seal	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	The well is not equipped with a downturned screened vent.	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Water can leak through well head penetrations for electrical or sounding equipment	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Leaking pipes or standing water around the well(s)	Y <input type="checkbox"/> N <input type="checkbox"/>		<input type="checkbox"/>	
	Springs and/or Horizontal Wells:		<input type="checkbox"/>		

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

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	The collection site is overgrown with vegetation.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Flowing/standing water around the collection site	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Evidence of animal activity around the collection site (grazing/burrowing)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rodents, insects or roots in the spring box	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Surface water or GWUDI treatment issues		<input type="checkbox"/>	
	CT not met at all times	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Spikes in raw or filtered water turbidity	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Alarms and auto shutdowns are not properly set or functioning.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
5	Tank(s) storage, clearwell, backwash return:		<input type="checkbox"/>	Proceed to section 6 if there are no tanks.
	Openings in tank roof that rain water can enter	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Rodents, birds, insects or other unexpected materials inside tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Tank air vents are not properly screened to prevent insects from entering.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Hatches or access ladders left unlocked	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	For redwood tanks, signs of birds/animals burrowing or nesting into the tank	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	root intrusion, for underground tanks	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
6	Distribution system			
	Low pressure transmission lines	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Dead end lines	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Interties with non-potable water systems or sources (even if valved off)	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Any certified backflow prevention devices not tested in the previous calendar year.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
7	Sample site and sampling procedures			
	Sample sites are not the ones identified in the approved bacteriological sample siting plan.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Sample taps are wet, leaking or dirty	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	The sample collector was not properly trained	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Is there a seasonal pattern in positive samples when reviewing historical monitoring?	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
8	Other	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

RTCR Level 1 Assessment Report Form for Positive Total Coliform Investigation

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SUMMARY: Based on the results of your investigation and any other available information, what do you believe to be the cause(s) of the positive total coliform samples from your water system? Also, include any items that could potentially lead to contamination. (REQUIRED)

CORRECTIVE ACTIONS: What actions have you taken to correct the above mentioned issue(s)? If additional time is needed to correct a deficiency, indicate a correction date or contact your local regulating agency for a reasonable timeline for correction. (REQUIRED)

CERTIFICATION: I certify that the information submitted in response to the questions above is accurate to the best of my knowledge.

Name: _____ Title: _____ Signature: _____ Date: _____